

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 549

CERTIFICATE OF DEATH

10895

Reg. Dist. No. 50

1. PLACE OF DEATH: Calvert
County Calivett, md
City or town Calivett, md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Calvert
City or town Calivett
(If outside city or town limits, write RURAL and give nearest town)
Street No. Calivett
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Rosena Brooks

3. (b) Social Security Number

4. Sex F 5. Color or race C. 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife Philmore Brooks

5. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1893

8. AGE: Years 52 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation Homestic

11. Industry or business

12. Name Jack Briscoe

13. Birthplace

14. Maiden name Mary A Hatchins

15. Birthplace md.

16. Informant Philmore Brooks

Address Olivett, md.

17. Burial Date thereof 11-9-45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Eastern Chapel

Location Calvert

18. Funeral director P.F. Sewell

Address Prince Frederick, md.

19. Nov. 9-45 19 45 J. V. G. G. G.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 11.6 19 45 at 7 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 45 to Nov 6 19 45
and that I last saw him alive on Nov 6 19 45

Immediate cause of death Septicemia

Due to Decubitus ulcer

Due to Ca of medulla

Other conditions neuropathies (?)

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Villanueva

Address Prince Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 16 1945
BUREAU VE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 118

CERTIFICATE OF DEATH

10896

★ Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
 City or town Lower Marlboro
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Calvert
 City or town Lower Marlboro
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Melville B. Cox

3. (b) Social Security Number

4. Sex

MC

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MC

6. (b) Name of husband or wife

Elise Cox

7. Birth date of deceased (mo., day, yr.)

Jan 15, 1896

8. AGE: Years Months Days If less than one day

49925hrs.min.

9. Birthplace

MD

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?) Date thereof

Cemetary or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 45 at 1:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

acute indigestion

DURATION

2 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

M. D. or other

Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8

CERTIFICATE OF DEATH

Reg. Dist. No. 87

1. PLACE OF DEATH:

County..... Calvert Co., Hospital
 City or town..... Prince Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... Calvert
 City or town..... Calvert, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary M. Hutchins.

3. (b) Social Security Number

4. Sex

M.F.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Jan. 27, 1937

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

8

..... hrs. min.

9. Birthplace

Calvert, Md
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name

George W. Hutchins.

13. Birthplace

Md.

MOTHER

14. Maiden name

Edith Gross.

15. Birthplace

Md.

16. Informant

Edith Gross.

Address

Olivet, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

11-30, 45
(month) (day) (year)

Cemetery or crematory

Eastern Chapel.

Location

Calvert.

18. Funeral director

P.E. Sewell.

Address

Prince Frederick, Md.

19.

(Date rec'd by registrar)

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Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

11, 27, 1945 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/19 1945 to 19and that I last saw her alive on 11/27 1945

Immediate cause of death

Endocarditis + Uremia

Due to

Septic E. coli

DURATION

2 1/2 weeks

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Prince Frederick M. D. or other
Address..... Date signed 11/30/45

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County... Calvert

City or town... Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Baby girl Lane.

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife:

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

It less than one day

2

hrs.

min.

9. Birthplace

Calvert County Hospital.
(Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER

12. Name

Berij LeRoy Lane

13. Birthplace

Md.

MOTHER

14. Maiden name

Helen Ogden

15. Birthplace

Md.

16. Informant

LeRoy Lane

Address

Prince Frederick, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Nov 21, 1945
(month) (day) (year)

Cemetery or crematory

Central

Location

Baltimore, Md.

18. Funeral director

A. A. Harkness & Son

Address

Mutual, Md.

19.

(Date rec'd by registrar)

19 45 -

S. N. King

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

20 Nov

19 45

at

4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18 Nov

19 45

to

20 Nov

19 45

and that I last saw her alive on

20 Nov

19 45

Immediate cause of death

Hypertension

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

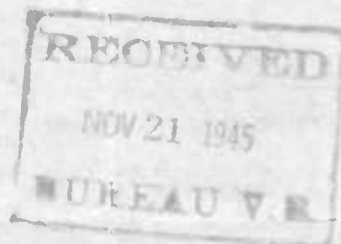
H. W. Harrison

M. D. or other

Address

Huntingtown Md.

Date signed 20 Nov 45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabot
 City or town Prince Frederick, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabot County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cabot

City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

John W. Williams

3. (b) Social Security Number

No

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Widowed

6.(b) Name of husband or wife Robert E. Williams

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1863
 8. (c) If alive, give age _____ years

8. AGE: Years Months Days
82 0 20 hrs. min.

9. Birthplace Cabot Co., Md
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Colleen Williams13. Birthplace Md14. Maiden name Louise Simmons15. Birthplace Md16. Informant Roy WilliamsAddress Prince Frederick, Md17. Burial Date thereof Nov. 29, 1945

(Burial, cremation, or removal. Which?)

Cemetery or crematory CentralLocation Barstow, Md18. Funeral director O. D. Hackness & SonAddress Mtairal, Md19. 11-29 19. 45 J. N. King

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26, 1945 at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2, 1945 to Nov 26, 1945
 and that I last saw him alive on Nov 26, 1945

Immediate cause of death Cerebral hemorrhage
 DURATION 4 months

Due to Hypertension
arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Page J. S. J.Address Prince Frederick M. D. or other _____Date signed 11/27/45

RECEIVED
NOV 30 1945
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17020

CERTIFICATE OF DEATH

Reg. Dist. No. 10892 282

1. PLACE OF DEATH:

County Calvert County
City or town Solomons, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 months
Hospital, institution, or street address where death occurred:
Dispensary, USNMWTS, Solomons, Md.
How long in hospital or institution? Five (5) minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Berks
City or town Reading
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1014 Mead St.
(If rural, give LOCATION)
2.(a) If veteran, name war World War--two (2)

3.(a) FULL NAME

WINELAND, James Rudolph

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ruth Spatz Wineland

7. Birth date of deceased (mo., day, yr.) May 12, 1926 6.(c) If alive, give age _____ years

8. AGE: Years 19 Months 5 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Reading, Penna.
(Town, county, and state)

10. Usual occupation U.S. NAVY

11. Industry or business

12. Name Paul James Wineland

13. Birthplace Unknown

14. Maiden name _____

15. Birthplace _____

16. Informant Health Record

Address _____

17. Transportation Date thereof 11/17/45
(Burial, cremation or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location Reading, Pennsylvania

18. Funeral director P. B. Robinson

Address Reading, Penna.

19. 11/17 19 45 Casualty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 November 19 45, at 1600 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1555 November 15 19 45, to 1600 Nov. 15 19 45

and that I last saw him alive on November 15 19 45

Immediate cause of death Fractured neck and crushing injury, right neck.

Due to Struck by a truck

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11-15-45

Where did injury occur? USNMWTS, SOLOMONS, MD.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Struck by truck Injured at work? _____

23. SIGNATURE J. T. Smith
J. T. SMITH, Lt. Comdr (MC) USN
M. D. or other _____

Address USNMWTS, SOLOMONS, MD. Date signed 11-15-45

MARGIN RESERVED FOR BINDING

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